

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | TH | 873 | 10-12-83 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---|-------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

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